Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Belinda Blake	M M / D D / Y Y Y Y Y
Mailing Address 7214 Duchamp Dr.	06 20 2014 Amount
City State Zip Code Char NC 28215	25.00 Transaction ID : 1b2ae6bc-6c90-4a22-9
	Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	06 / 20 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbut 29721.95	ursement For: Primary
Full Name of Payee Belinda Blake	Date of Public Distribution/Dissemination
- Boiling Blake	06 20 2014
Mailing Address 7214 Duchamp Dr.	Amount
City State Zip Code	6.60
Char NC 28215	Transaction ID : 7a90b571-c1a5-4dd4-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	06 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Fodoral Condidate	
Ma Kau Haran	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State:
Calendar Year-To-Date Per Election for Office Sought  Disbute 29721.95	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	31.60
(a) CODITION OF INCOMINE OF INCOMINE EXPONITIONS	31.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1 7 1 7 1 7 1
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
24.0	06 24 2014
Signature	

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Lorri Anderson	06 20 / Y Y Y Y Y
	Mailing Address 7214 Duchamp Dr	Amount
	City State Zip Code	30.00
	Charlotte NC 23215	Transaction ID : 5fbe90ac-0386-4c65-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 29721.95  Disbut 2014	ursement For: Primary X General
	Tot Elocation for Simos Sought	Other (specify)
	Full Name of Payee  Lorri Anderson	Date of Public Distribution/Dissemination
	Mailing Address 7214 Duchamp Dr	06 20 2014 Amount
	City State Zip Code	0.30
	Charlotte NC 23215	Transaction ID: de6100f2-628b-4fb9-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	06 20 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 29721.95	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	30.30
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 0	
	Signature	

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OF

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Sc	chedule E)	PAGE 3 OF 43 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	/omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report fi	iled on
_		
	Full Name of Payee  Ms. Tonya Boyd	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2357 Fancy Cap Rd	Amount
ŀ	City State Zip Code	50.00
	Mt. Airy NC 27030	Transaction ID: e97f5255-dec7-46d4-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate Support O	ffice Sought: House District:00
	Ms. Kay Hagan Oppose	President State: NC
	Calcillati Total To Bato	sbursement For: Primary X General 114 Other (specify) ▶
Ī	Full Name of Payee	Date of Public Distribution/Dissemination
	Ms. Tonya Boyd	06 20 / Y Y Y Y Y
ľ	Mailing Address 2357 Fancy Cap Rd	Amount
-		
	City State Zip Code  Mt. Airy NC 27030	8.76  Transaction ID : 57337a51-fce3-456e-b  Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	Date of Disbursement of Obligation
ľ	Name of Federal Candidate Support O	ffice Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
		isbursement For:  Primary
(	(a) SUBTOTAL of Itemized Independent Expenditures	58.76
`	(a) CODIONIZ O NOMEOU MASPONESM EMPERICACIÓN EMPERICACIÓN DE COMPANIA DE COMPA	7 7 7
(	(b) SUBTOTAL of Unitemized Independent Expenditures	
(	(c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eiparty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	06 24 2014
	Signature	

Schedule E)	INI EXI EIN	STICILO	PAGE 4 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
David Ford			06 / 20 / 2014
Mailing Address 106 Hillside St			Amount
City	State	Zip Code	30.00
Spindale	NC	28160	Transaction ID : 94aff45f-9360-466a-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		29721.95	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
David Ford			06 20 7 2014
Mailing Address 106 Hillside St			Amount
City	State	Zip Code	3.72
Spindale	NC	28160	Transaction ID : 51702e02-3e04-42be-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 20 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	29721.95	Disbursement For:  Primary  General 2014  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		. > 33.72
(I) OUDTOTAL (III II I			
(b) SUBTOTAL of Unitermized Independent Expen	ditures		. •
(c) TOTAL Independent Expenditures			<b>&gt;</b>
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any candi party committee) any political party committee or i	idate or authorize		
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	06 24 2014
3.9			

Schedule E)	II EXI END	HONES	PAGE 5 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	R ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	Y
Full Name of Payee Danielle Landry			Date of Public Distribution/Disseminatio	
Mailing Address 1089 Oleste Tauzin Road			06 20 2014 Amount	
				-
City	State	Zip Code	10.0	_
Breaux Bridge	LA	70517	Transaction ID: 869007f3-8472-4ebd-6 Date of Disbursement or Obligation	В
Purpose of Expenditure Salary		Category/ Type 001	06 20 7 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 0	0
Ms. Mary L Landrieu		X Oppose	President Senate State: LF	4
Calendar Year-To-Date Per Election for Office Sought	7	32948.90	Disbursement For: ☐ Primary ☐ General Other (specify) ▶	eral
Full Name of Payee			Date of Public Distribution/Dissemination	on
Danielle Landry			06 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	- Y
Mailing Address 1089 Oleste Tauzin Road			Amount	
City	State	Zip Code	1.20	
Breaux Bridge	LA	70517	Transaction ID: 978838dd-c9bb-4666-l Date of Disbursement or Obligation	b
Purpose of Expenditure Mileage		Category/ Type 002	06 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Name of Federal Candidate		Support	Office Sought: House District: 0	0
Ms. Mary L Landrieu		Oppose	President Senate State:	٩
Calendar Year-To-Date Per Election for Office Sought	7 1 7	32948.90	Disbursement For: ☐ Primary ☐ Gen 2014 ☐ Other (specify) ▶	eral
(a) SUBTOTAL of Itemized Independent Expenditur	es		. ▶ 11.20	$\neg$
				I
(b) SUBTOTAL of Unitemized Independent Expending	tures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	06 24 7 2014	

Schedule E)	VI EXI END	TIONES	PAGE 6 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Mr. Alex Peyton			06 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 859 Hicks Rd			Amount
City	State	Zip Code	50.00
Washington	LA	70589	Transaction ID : aef95a4d-6fec-476e-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	32948.90	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Mr. Alex Peyton			06 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 859 Hicks Rd			Amount
City	State	Zip Code	31.50
Washington	LA	70589	Transaction ID : 2be10fdf-ecbd-40c8-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	32948.90	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res		▶ 81.50
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		· •
(c) TOTAL Independent Expenditures			· • · · · · · · · · · · · · · · · · · ·
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 06 24 2014
- 9			

Schedule E)	VI EXI EIVE	TI OILO	PAGE 7 OF FOR SE OF FORM 2	43 4/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	BER ▼
Women Speak Out PAC			C C00530766	·
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on	Y Y
Full Name of Payee			Date of Public Distribution/Dissemin	ation
Donna Barrette			06 / 20 / Y Y Y	4
Mailing Address 724 Harris Avenue			Amount	
City	State	Zip Code		50.00
Harahan	LA	70123	Transaction ID: 0e657cc5-60b0-47 Date of Disbursement or Obligation	60-9
Purpose of Expenditure Salary		Category/ Type 001	06 / D D / Y Y 201	4
Name of Federal Candidate		Support	Office Sought: House District: _	00
Ms. Mary L Landrieu		X Oppose	President Senate State:	LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	32948.90	Disbursement For: Primary X 0  2014 Other (specify) ▶	ieneral
Full Name of Payee			Date of Public Distribution/Dissemin	ation
Donna Barrette			06 20 7 201	4
Mailing Address 724 Harris Avenue			Amount	
City	State	Zip Code		0.60
Harahan	LA	70123	Transaction ID : ac704323-0cb1-444  Date of Disbursement or Obligation	1-8
Purpose of Expenditure Mileage		Category/ Type 002	06 / 20 / Y Y Y	4
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Mary L Landrieu		X Oppose	President Senate State: -	LA
Calendar Year-To-Date Per Election for Office Sought	7 7	32948.90	Disbursement For: Primary X 0 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		50.6	80
(b) SUBTOTAL of Unitermized Independent Expendent	ditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	06 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
•				

Schedule E)	PAGE 8 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
Julie Clifton	
Mailing Address 712 St. Martin Lane  Amount	20 2014
City State Zip Code	34.00
Bossier City LA 71111 Transaction	on ID : e6fbc50d-8b64-438f-8 isbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001  M M M 06	/ 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District:00
Ms. Mary L Landrieu Oppose President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursement For 2014  Other	r: Primary X General (specify) ▶
Julie Clifton	
Mailing Address 712 St. Martin Lane  Amount	20 2014
City State Zip Code	4.50
Date of Di	n ID : 0ad593dc-54b9-4d2a-a isbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002  06	/ 20 / Y Y Y Y Y Y 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Mary L Landrieu	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursement Fo 2014  Other	r:
(a) SUBTOTAL of Itemized Independent Expenditures	38.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coope with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
	2014

Schedule E)	IVI EXI EIVE	TI OTILO	PAGE 9 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Branson Cambre			06 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 117 Middleburg Dr.			Amount
City	State	Zip Code	15.00
Lafayette	LA	70508	Transaction ID : d7cda29e-ad73-4fb9-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	32948.90	Disbursement For:  Primary  General 2014  Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jacqueline Doucet			06 20 7 2014
Mailing Address 73 Catapa Trace			Amount
City	State	Zip Code	15.00
Covington	LA	70433	Transaction ID : 363224c9-3c00-436c-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 20 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	32948.90	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		30.00
(1) OUDTOTAL (11 % ) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10		
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•
(c) TOTAL Independent Expenditures			<b>&gt;</b>
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	06 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<del></del>			

· · · · · · · · · · · · · · · · · ·	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Ralph Smith	06 / 20 / Y Y Y Y Y Y
Mailing Address 2090 Fancy Gap Rd	Amount
City State	e Zip Code 50.00
Mt. Airy NC	Transaction ID : 71693148-38bd-4df1-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 06 / 20 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Ralph Smith  Mailing Address 2090 Fancy Gap Rd	Date of Public Distribution/Dissemination  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Malling Address 2090 Fancy Gap Rd	Amount
City State	
Mt. Airy NC	Transaction ID: b5e2764f-00c8-45e3-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 002 006 06 20 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	59.30
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>
(c) TOTAL Independent Expenditures	······································
	penditures reported herein were not made in cooperation, consultation, or concert authorized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electronically Filed] Date 06 24 2014
Signature	

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OF

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Schedule E)		IDENT EXTEND			PAGE 11 OF 43 FOR SE OF FORM 24/48
NAME OF COMMIT				1	FEC IDENTIFICATION NUMBER ▼
Women Spea	ak Out PAC				C C00530766
Check if 24-ho	ur report X 48-hour repo	ort New rep	ort Amends repo	ort filed on	M / D D / Y B Y B Y
	· <u></u>				
Full Name of Pa	inox			M	f Public Distribution/Dissemination  20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	2305 Cleary Ave			Amoun	t
City		State	Zip Code		12.50
Metairie		LA	70001		ction ID : 415dacb4-2dc5-4cee-9 f Disbursement or Obligation
Purpose of Exp Salary	enditure		Category/ Type 001		06 20 Y Y Y Y Y Y
Name of Federa	al Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Lan	drieu		Oppose	Preside	
Calendar Y Per Electio	ear-To-Date n for Office Sought	,	32948.90	Disbursement 2014 Ott	For: Primary X General ner (specify) ▶
Full Name of Pa				Date o	f Public Distribution/Dissemination
Lesley Len	nox				06 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	2305 Cleary Ave			Amoun	
0"			7: 0 :		
City Metairie		State LA	Zip Code 70001	Transac	1.50  ction ID : 06aee96e-2de7-4db4-a  f Disbursement or Obligation
Purpose of Exp Mileage	enditure		Category/ Type 002	М	06 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federa	al Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Lan	drieu		Oppose	Preside	nt Senate State: LA
	ear-To-Date n for Office Sought		32948.90	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL	of Itemized Independent Expe	enditures			14.00
4					7
(b) SUBTOTAL	of Unitemized Independent E	xpenditures		•	7 7 7
(c) TOTAL Indep	endent Expenditures			· .	7 7 7
with, or at the re-		candidate or authorized			opperation, consultation, or concert ne reporting entity is not a political
Ms.	Emily Buchanan	[Electron	nically Filed] Date	M M / / 06	24 2014
Signature					

Schedule E)	INDEPENDENT EXPE	ADITORIES	PAGE 12 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report	48-hour report New	report Amends repo	rt filed on
Full Name of Payee James Tatro			Date of Public Distribution/Dissemination
Mailing Address 1208 Braeburn	ı Rd		06 20 2014 Amount
City Charlotte	State NC	Zip Code 28211	55.00  Transaction ID: 2152925c-75c5-4d2e-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement of Obligation
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sou	ight	29721.95	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
James Tatro			06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1208 Braebu	urn Rd		Amount
City	State	Zip Code	1.50
Charlotte	NC	28211	Transaction ID: b21f7ae7-8be3-471d-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 20 / Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sou	ught	29721.95	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(a) SUBTOTAL of Itemized Inde	pendent Expenditures		56.50
(b) SUBTOTAL of Unitemized In	dependent Expenditures		<b>&gt;</b>
(c) TOTAL Independent Expend	itures		<b>&gt;</b>
	stion of, any candidate or author		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Elec	tronically Filed] Date	06 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<del>-</del>			

Schedule E)	LIVI EXI EIVI	SHORLS	PAGE 13 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination
Mailing Address 110 W Pecan St			06 20 2014  Amount
City Ville Platte	State LA	Zip Code 70586	40.00 Transaction ID : 1ad5c943-18b2-4e60-9
	LA	70366	Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		32948.90	Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Cory Bryson			06 20 / Y Y Y Y Y Y
Mailing Address 216 Dogwood Ln			Amount
City	State	Zip Code	90.00
Belmont	NC	28012	Transaction ID : 49d00841-c166-4ed4-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 20 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		29721.95	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		. ▶ 130.00
(b) SUBTOTAL of Unitermized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	06 24 7 2014
•			

Schedule E)	LIVI EXI EIV	DITORILO	PAGE 14 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New r	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Cory Bryson			06 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 216 Dogwood Ln			Amount
City	State	Zip Code	16.50
Belmont	NC	28012	Transaction ID : a8b4eb50-fc2b-4440-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		29721.95	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Gregory Green			06 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2506 Bolch Street			Amount
City	State	Zip Code	20.00
Shreveport	LA	71104	Transaction ID: 78e678fb-52ba-4fa4-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		32948.90	Disbursement For:  Primary  General  General  Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expendent	litures		36.50
(b) SUBTOTAL of Unitemized Independent Expe	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	didate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	06 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Gregory Green	06 20 / Y Y Y Y Y
Mailing Address 2506 Bolch Street	Amount
City State Zip Code	6.90
Shreveport LA 71104	Transaction ID : 0af441ff-a3ec-497b-b
	Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	06 / 20 / Y Y Y Y
Name of Federal Candidate Support C	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calcillati Total To Bato	Disbursement For: Primary X General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Lily Green	M M / D D / Y Y Y Y
Mailing Address 205 Medallion Circle	06 20 2014
Mailing Address 205 Medallion Circle	Amount
City State Zip Code	40.00
Shreveport LA 71119	Transaction ID: 6310cebc-2c81-49b0-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	06 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
	Disbursement For: Primary X General
	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	46.90
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of experty committee) any political party committee or its agent.	• • • • • • • • • • • • • • • • • • • •
Ms. Emily Buchanan [Electronically Filed] Date	06 24 2014
Signature	

			FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)	FEC	DIDENTIFICATION NUMBER ▼
VVC	omen Speak Out PAC	С	C00530766
Chec	ck if 24-hour report X 48-hour report New report Amends report filed of	on M = M	/ D = D / Y = Y = Y
	Full Name of Payee	Date of Pu	ublic Distribution/Dissemination
	Lily Green	M 06	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 205 Medallion Circle	Amount	
	City State Zip Code	Г	17.40
- 1	Shreveport LA 71119		on ID: 378f0ec0-b7d2-4988-8 isbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	M M 06	
1	Name of Federal Candidate Support Office	Sought:	House District:00
	Ms. Mary I Landriau	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	sement Fo	r: Primary General (specify) P
	Full Name of Payee ZACHARY VIDRINE		ublic Distribution/Dissemination
	Mailing Address 202 RUE DES CAJUN	Amount	20 2014
	City State Zip Code		40.00
	VILLE PLATTE LA 70586		n ID: 48a4692d-f814-4671-9 isbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	06	
1	Name of Federal Candidate Support Office	Sought:	House District:00
	Ms. Mary L Landrieu Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbur 2014	sement Fo	r: Primary X General (specify) ▶
(a	) SUBTOTAL of Itemized Independent Expenditures		57.40
(b	SUBTOTAL of Unitemized Independent Expenditures		7
(с	) TOTAL Independent Expenditures		7 1 7 1 7 1
wi	nder penalty of perjury I certify that the independent expenditures reported herein were not made th, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date 06	M / D	2014
	Signature		

PAGE

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OF

43

Sch	hedule E)	IXI LIIDI	101120				PAGE 17 OF 43 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	PENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
						_	
Che	ck if 24-hour report 48-hour report	New repo	ort Ameno	ds repor	rt filed on	/	
	Full Name of Payee ZACHARY VIDRINE					of Public	Distribution/Dissemination
-	Mailing Address 202 RUE DES CAJUN				L	06	20 2014
Ì	202 1.02 223 0.100.1				Amou	nt	
	City St	tate	Zip Code			- 0	12.60
L	·	LA	70586				D: ea3e4306-120f-49da-a rsement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		06 /	20 / 2014
	Name of Federal Candidate		Sup	port	Office Sough	t:	House District:00
	Ms. Mary L Landrieu		Х Орр	ose	Preside	ent $\sum$	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		32948.90		Disbursemen 2014 O	t For: ther (sp	Primary ☐ General ecify) ►
	Full Name of Payee				Date	of Public	Distribution/Dissemination
	Jeanne Tribou					06	20 / Y Y Y Y Y Y Y
	Mailing Address 22369 Ponderosa Dr.				Amou	nt	
-	City St	State	Zip Code				35.00
	•	LA	70471		Transa	of Disbu	oc.55 : f0efd945-4918-4c52-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		06	20 / 2014
Ì	Name of Federal Candidate		Sur	port	Office Sough	nt:	House District: 00
	Ms. Mary L Landrieu		X Opp		Presid	ent $\sum_{i=1}^{n}$	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		32948.90		Disbursemer 2014	nt For: Other (sp	Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures				<b>&gt;</b>	- <del></del>	47.60
(k	b) SUBTOTAL of Unitemized Independent Expenditures	s			· -		
(0	c) TOTAL Independent Expenditures				•	-	
W	Under penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate of arty committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	06 /	24	2014
	Signature		-				

Schedule E)	LIVI EXI EIVI	SHORLS	PAGE 18 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			06 20 / 2014
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	4.50
Mandeville	LA	70471	Transaction ID : 63ab9aed-da1a-4b2b-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		32948.90	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Cassidy Quartararo			06 / 20 / Y Y Y Y Y Y Y
Mailing Address 632 Cameron Court			Amount
City	State	Zip Code	60.00
Kenner	LA	70065	Transaction ID : d067d2e1-5ea5-47d1-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 20 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		32948.90	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		. ▶ 64.50
(b) SUBTOTAL of Unitemized Independent Exp	enditures		
(2) 202121112 01 011101111201 11100001110111	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		4 4
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	06 24 7 2014

Schedule E)	W END.: 3.:13	PAGE 19 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report file	ed on Man / Dab / Yayaya
Full Name of Payee Cassidy Quartararo		Date of Public Distribution/Dissemination
Mailing Address 632 Cameron Court		06 20 2014
		Amount
City State	e Zip Code	7.38
Kenner LA	70065	Transaction ID : 04e5b07c-800c-40fd-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	06 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	32948.90 Disk 2014	bursement For:  Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Belinda Blake		06 21 2014
Mailing Address 7214 Duchamp Dr.		
		Amount
City Stat	e Zip Code	30.00
Char NC	28215	Transaction ID : 36b595e5-641b-4b35-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	06 / 21 / Y 2014
Name of Federal Candidate	Support Office	ice Sought: House District: 00
Ms. Kay Hagan	∑ Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	29721.95 Dist	bursement For:  Primary
-		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	37.38
(b) SUBTOTAL of Unitemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
(c) TOTAL Independent Expenditures		
	•	45 45 1 45 1
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or agent of eith	
Ms. Emily Buchanan	[Electronically Filed] Date	06 24 2014
Signature		

Schedule	E)				PAGE 20 OF 43 FOR SE OF FORM 24/48
	OMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
	e of Payee da Blake				of Public Distribution/Dissemination
Mailing A	address 7214 Duchamp Dr.			Amou	06 21 2014
City Char		State NC	Zip Code 28215		6.60 action ID: 59982f87-d318-4d68-a of Disbursement or Obligation
Purpose Mileage	of Expenditure		Category/ Type 002		06 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay	Hagan		X Oppose	Preside	NO.
	endar Year-To-Date Election for Office Sought	, , ,	29721.95	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
	ne of Payee Anderson	-			of Public Distribution/Dissemination
Mailing A	Address 7214 Duchamp Dr			Amou	
City		State	Zip Code		30.00
Charlott		NC	23215	Transa Date	oction ID : dd1d0ade-b439-40d4-8 of Disbursement or Obligation
Salary	of Expenditure		Category/ Type 001		06 / 21 / Y Y Y Y Y
Name of	Federal Candidate		Support	Office Sough	t: House District:00
Ms. Kay	Hagan		X Oppose	Preside	ent State: NC State:
	endar Year-To-Date Election for Office Sought	7	29721.95	Disbursemen 2014	t For: Primary
(a) SUBT	OTAL of Itemized Independent Expenditur	es			36.60
. ,					7 7 7 7
(b) 30B1	OTAL of Unitemized Independent Expendi	tures		•	7 7 7
(c) TOTA	L Independent Expenditures			· -	7 7 7
with, or at	nalty of perjury I certify that the independent the request or suggestion of, any candidate mittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 06	24 2014
Signati	ure				

Schedule E)		1101120		PAGE 21 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour re	eport New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Lorri Anderson				lic Distribution/Dissemination
Mailing Address 7214 Duchamp Dr			06	21 2014
			Amount	
City	State	Zip Code		0.30
Charlotte	NC	23215		ID: 8cec1f18-1509-43c2-b oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 06	21 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		29721.95	Disbursement For: 2014 Other (s	Primary
Full Name of Payee ZACHARY VIDRINE				lic Distribution/Dissemination
Malling Address			06	21 2014
Mailing Address 202 RUE DES CAJUN			Amount	
City	State	Zip Code		30.00
VILLE PLATTE	LA	70586	Transaction Date of Disl	ID: 140c9cda-2d87-489f-a oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 06	21 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		32948.90	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent E	xpenditures		•	30.30
(b) SUBTOTAL of Unitemized Independen	t Expenditures		. •	7.1.7.1
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the with, or at the request or suggestion of, an party committee) any political party commit	ny candidate or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date	06 / 24	2014
Signature				

Schedule E)	DEITI EXI EITE	71101120	PAGE 22 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New re	port Amends repo	rt filed on
Full Name of Payee ZACHARY VIDRINE			Date of Public Distribution/Dissemination
Mailing Address 202 RUE DES CAJUN			06 21 2014 Amount
City	State	Zin Codo	3.60
VILLE PLATTE	LA	Zip Code 70586	Transaction ID : 2281ec0e-e601-463d-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 21 Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	32948.90	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Theresa Burkhart			06 21 2014
Mailing Address 3126 Chester Ct			Amount
City	State	Zip Code	50.00
Metairie	LA	70006	Transaction ID : 5f4e18e8-9e24-4acb-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 21 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	32948.90	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		53.60
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	06 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Sc	hedule E)	<b>L</b> /(1 <b>L</b> .(12.	1101120		PAGE 23 OF 43 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M
T	Full Name of Payee Ms. Amanda Posey				of Public Distribution/Dissemination
	Mailing Address 819 Lyons St				06 / 21 / 2014
	Ola Lyuna Si			Amou	nt
	City	State	Zip Code		50.00
	New Orleans	LA	70115		saction ID : ff2913f6-c01b-41f7-a of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	M	06 / 21 / Y Y Y Y Y Y Y
Ī	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		32948.90	Disbursemen 2014 O	ther (specify) ►
	Full Name of Payee Andrew Shiver				of Public Distribution/Dissemination
					06 21 2014
ĺ	Mailing Address 110 Earlston Ct			Amou	ınt
ŀ	City	State	Zip Code	$ \Gamma$	20.00
	Knightdale	NC	27545	Transa Date	action ID : acc6657b-f8d4-462e-a of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		06 / 21 / 2014
Ì	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Ms. Kay Hagan		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	<b>T</b>	29721.95	Disbursemen 2014 O	nt For:  Primary
(	(a) SUBTOTAL of Itemized Independent Expenditures	3			70.00
(	(b) SUBTOTAL of Unitemized Independent Expenditur	ıres		•	
					4
(	(c) TOTAL Independent Expenditures			· •	7
٧	Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 06	24 2014
	Signature		_		

Scl	hedule E)		oneo				PAGE 24 OF 43 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	cck if 24-hour report X 48-hour report	New rep	ort Amends	report	filed on	M /	D = D / Y = Y = Y
T	Full Name of Payee  Jonathan Odette					- M /	Distribution/Dissemination
ŀ	Mailing Address 9600 Earpsboro Chamblee Road				Amou	06 nt	21 2014
ŀ	City State		Zip Code		-		20.00
	Wendell NC		27591				D: 307ae0e4-f3c3-4b89-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	M	06 /	21 / 2014
ı	Name of Federal Candidate		Suppo	ort C	Office Sough	t:	House District: 00
	Ms. Kay Hagan		У Орро		Preside	_	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		29721.95		0isbursemen 014 O		Primary
	Full Name of Payee Jonathan Odette  Mailing Address 9600 Earpsboro Chamblee Road					06 <sup>M</sup>	c Distribution/Dissemination
					Amou	nt	
	City State Wendell NC		Zip Code 27591		Transa	ction II	10.50 D: 9d8fe06e-12f7-495e-9 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		06 M	21 2014
ľ	Name of Federal Candidate		Supp	ort C	Office Sough	t:	House District: 00
	Ms. Kay Hagan		X Oppo		Preside	ent	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		29721.95		Disbursemen 2014 O		Primary X General Decify) ▶
(	a) SUBTOTAL of Itemized Independent Expenditures			)		- <del></del>	30.50
(	b) SUBTOTAL of Unitemized Independent Expenditures			)			
(	c) TOTAL Independent Expenditures			··········· )			
W	Under penalty of perjury I certify that the independent expervith, or at the request or suggestion of, any candidate or autoarty committee) any political party committee or its agent.						
		Electron	nically Filed]	Date	M M /	24	2014
	Signature						

Schedule E)	PAGE 25 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D D / Y Y Y Y Y
NAJIB MAHMUD	of Public Distribution/Dissemination
Mailing Address 3432 RIVERROCK CT Amoun	06 21 2014 nt
City.	50.00
	50.00  action ID: e8b80eb4-e3d2-4512-a  of Disbursement or Obligation
Purpose of Expenditure Category/	06 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought	t: House District: 00
Ms. Mary L Landrieu Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014 Ot	t For: Primary X General
NAJIB MAHMUD	of Public Distribution/Dissemination
Mailing Address 3432 RIVERROCK CT Amour	06 21 2014 nt
City State Zip Code	2.10
BATON ROUGE LA 70820 Transac	ction ID : a042136b-c4b8-45c4-b of Disbursement or Obligation
	06 21 / Y Y Y Y
Name of Federal Candidate Support Office Sought	t: House District:00
Ms. Mary L Landrieu Preside	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014  Ot	t For:
(a) SUBTOTAL of Itemized Independent Expenditures	52.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in committee, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 06	24 / 2014

Schedule E)	DENT EXILI	DITORILO	PAGE 26 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	t New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			06 21 2014
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	30.00
Mt. Airy	NC	27030	Transaction ID : 0bc44d89-85b2-49a4-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		29721.95	Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	6.30
Mt. Airy	NC	27030	Transaction ID: 910d4f26-d141-4f62-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		29721.95	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		36.30
(b) SUBTOTAL of Uniternized Independent Ex	nenditures		
(b) SOBTOTAL OF STREETINGS INDEPENDENT EX	perialtures		4
(c) TOTAL Independent Expenditures			•
	andidate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	06 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	0111 01 111021 211	DEITI EXI END			PAGE 27 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITT					FEC IDENTIFICATION NUMBER ▼
Women Spea	k Out PAC				C C00530766
Check if 24-hou	r report X 48-hour repo	rt New rep	ort Amends repo	ort filed on	*M / D = D / Y = Y = Y
Full Name of Pay Jeanne Trib					of Public Distribution/Dissemination
Mailing Address	22369 Ponderosa Dr.			Amou	06 21 2014
City Mandeville		State LA	Zip Code 70471		70.00  action ID : adc715f5-8918-42d3-b  of Disbursement or Obligation
Purpose of Expe Salary	nditure		Category/ Type 001		06 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal	Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Land	rieu		X Oppose	Preside	
Calendar Ye Per Election	ar-To-Date for Office Sought		32948.90	Disbursemen 2014 O	t For:
Full Name of Pa Jeanne Trib	yee OU				of Public Distribution/Dissemination
Mailing Address	22369 Ponderosa Dr.			Amou	06 21 2014 nt
City		State	Zip Code	$ \Gamma$	6.90
Mandeville		LA	70471	Transa Date	ction ID: 32a9a34b-a278-4d85-9 of Disbursement or Obligation
Purpose of Expe Mileage	nditure		Category/ Type 002	TV	06  / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federa	Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Land	rieu		X Oppose	Preside	ent X Senate State: LA
Calendar Ye Per Election	ear-To-Date n for Office Sought	, , , ,	32948.90	Disbursemen 2014 O	t For:
(a) SUBTOTAL of	f Itemized Independent Expe	enditures			76.90
(b) SUBTOTAL of	f Unitemized Independent Ex	xpenditures			
					4 4
(c) TOTAL Indepe	endent Expenditures			•	7 1 7 1 7
with, or at the req		andidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
Ms. E	Emily Buchanan	[Electron	nically Filed] Date	e 06	24 2014
Signature					

Schedule E)	I EXPEND	ITONES		PAGE 28 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Lesley Lennox			Date of	Public Distribution/Dissemination
Mailing Address 2305 Cleary Ave			Amount	5 21 2014
City	State LA	Zip Code 70001	Transac	15.00 tion ID : a48a49e6-ed67-476c-8
Metairie	LA	70001		Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	0	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		32948.90	Disbursement F	For: Primary General
Full Name of Payee	,			Public Distribution/Dissemination
Lesley Lennox			Date of	M / D D / Y Y Y Y
Mailing Address 2305 Cleary Ave			Amount	
City	State	Zip Code		0.90
Metairie	LA	70001		ion ID : a6ed5865-ae1f-4806-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	00	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	, , ,	32948.90	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	.e			15.90
(a) CODITOTAL OF ROTHER MINOSPORMENT EXPONENTIAL	0			10.00
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· •	7 7 7
(c) TOTAL Independent Expenditures			· .	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	06	24 2014
Signature				

Schedule E)	IN EXILINE	JITONES	PAGE 29 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Cassidy Quartararo			06 21 2014
Mailing Address 632 Cameron Court			Amount
City	State	Zip Code	80.00
Kenner	LA	70065	Transaction ID : cff8ad64-9649-42b4-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		32948.90	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Cassidy Quartararo			06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 632 Cameron Court			Amount
City	State	Zip Code	8.82
Kenner	LA	70065	Transaction ID: 6e6e48f6-0a9e-4596-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	32948.90	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		. ▶ 88.82
(b) SUBTOTAL of Unitermized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			-
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	06 24 2014
<b>3</b>			

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC	C	C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee	Date of Pu	ıblic Distribution/Dissemination
Ms. Tonya Boyd	M 06	/ D D / Y Y Y Y Y Y Y 2014
Mailing Address 2357 Fancy Cap Rd	Amount	
City State Zip Coo	de	30.00
Mt. Airy NC 27030	Transactio	on ID : fb07ed03-3e00-4464-9 sbursement or Obligation
Purpose of Expenditure Salary Categ		21 / 2014
Name of Federal Candidate	Support Office Sought:	House District: 00
Ms. Kay Hagan	Oppose President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 29721.9	Disbursement For 2014 Other	r: Primary
Full Name of Payee		
Ms. Tonya Boyd	Date of Pt	ublic Distribution/Dissemination
Mailing Address 2357 Fancy Cap Rd	Amount	21 2014
City State Zip Co	de	6.30
Mt. Airy NC 27030	Transaction	n ID : 194990cb-bf62-4db7-b sbursement or Obligation
Purpose of Expenditure Mileage Categ		
Name of Federal Candidate	Support Office Sought:	House District: 00
Ms. Kay Hagan	X Oppose President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 297	Disbursement For 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······································	36.30
(b) SUBTOTAL of Unitemized Independent Expenditures		7 7
(c) TOTAL Independent Expenditures	· ·	7
Under penalty of perjury I certify that the independent expenditures reporter with, or at the request or suggestion of, any candidate or authorized commit party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically File	[ed] Date 06 2	4 2014
Signature	24.0	النتا ا

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	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report  48-hour report  New report  Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	e of Public Distribution/Dissemination
Christopher Marquess	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St	ount
City State Zip Code	60.00
Ville Platte LA 70586 <b>Trail</b>	nsaction ID : 79bcbf32-fc9d-4b57-b e of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	06 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ight: House District: 00
Ms. Mary L Landrieu Oppose Pres	sident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	ent For: Primary ⊠ General  Other (specify) ▶
Christopher Marquess  Mailing Address 110 W Pecan St	te of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code  Ville Platte LA 70586 Tran	12.60 nsaction ID : c362cd8c-db7a-434a-a
Purpose of Expenditure	te of Disbursement or Obligation
Mileage Category/ Type 002	06 21 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu Oppose Pres	
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	72.60
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 06	/ 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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Schedule E)	LIVI EXI LIVI	DITOTILO	PAGE 32 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Gregory Green			06 21 2014
Mailing Address 2506 Bolch Street			Amount
City	State	Zip Code	40.00
Shreveport	LA	71104	Transaction ID : fb352eba-fb12-4a7f-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		29721.95	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Gregory Green			06 21 2014
Mailing Address 2506 Bolch Street			Amount
City	State	Zip Code	16.50
Shreveport	LA	71104	Transaction ID : 0f8686a6-0289-44f1-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1.7.1.1.7	29721.95	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		. ▶ 56.50
(1) OUDTOTAL (11) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(b) SUBTOTAL of Unitemized Independent Expe	enaitures		. •
(c) TOTAL Independent Expenditures			•
	didate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	06 24 7 2014
•			

Schedule E)	PAGE 33 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends repo	rt filed on
Full Name of Payee Francis Richardson	Date of Public Distribution/Dissemination
Mailing Address 220 Doucet Rd	06 21 2014 Amount
City State Zip Code	21.70
Lafayette LA 70503  Purpose of Expenditure Category/	Transaction ID : 91de8e17-e3d8-4744-8  Date of Disbursement or Obligation
Salary Support Support	Office Sought: House District:00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 32948.90	Disbursement For:  Primary  General 2014  Gther (specify) ▶
Full Name of Payee Francis Richardson	Date of Public Distribution/Dissemination  06 21 2014
Mailing Address 220 Doucet Rd	Amount 21
City State Zip Code  Lafayette LA 70503	4.86 Transaction ID: e84367db-edc9-42b0-9
Purpose of Expenditure  Mileage  Category/  O02	Date of Disbursement or Obligation  O6 21 2014
Name of Federal Candidate  Type  Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 32948.90	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	26.56
(b) SUBTOTAL of Unitemized Independent Expenditures	· •
(c) TOTAL Independent Expenditures	<b>•</b>
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent o party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	M 06

Schedule E)	EXI EIID			PAGE 34 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			M	M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	
Full Name of Payee Lily Green				f Public Distribution/Dissemination
				06 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amoun	t
City	State	Zip Code		40.00
Shreveport	LA	71119		ction ID : afdad265-7716-4039-8  f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	06 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	,	32948.90	Disbursement 2014 Ott	For: Primary
Full Name of Payee			Date o	f Public Distribution/Dissemination
Lily Green				06 21 2014
Mailing Address 205 Medallion Circle			Amour	ıt .
City	State	Zip Code	-15	14.10
Shreveport	LA	71119		ction ID: 7ca2808c-ea5a-4b99-8 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	06 / 21 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , ,	32948.90	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) CURTOTAL of Itamized Independent Fuzza diture				5140
(a) SUBTOTAL of Itemized Independent Expenditures	>		· .	54.10
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		•	7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M /	24 2014
Signature				

· · · · ,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed or	M = M / D = D / Y = Y = Y
Full Name of Payee	2	Date of Public Distribution/Dissemination
Cory Bryson		06 21 2014
Mailing Address 216 Dogwood Ln	A	Amount
City	State Zip Code	50.00
Belmont	NC 28012 T	Fransaction ID: 1448c7f2-c8ed-4d95-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	06 / 21 / 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Ms. Kay Hagan	Oppose Pr	resident State: NC
Calendar Year-To-Date Per Election for Office Sought	29721.95 Disburse 2014	ement For: Primary ⊠ General  Other (specify) ▶
Full Name of Payee Cory Bryson  Mailing Address 216 Dogwood Ln		Date of Public Distribution/Dissemination
		Amount
'	State Zip Code	17.10
Belmont		ransaction ID : ab11edc1-dce8-40dc-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	06 / 21 / 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Ms. Kay Hagan	Oppose P	resident State: NC
Calendar Year-To-Date Per Election for Office Sought	29721.95 Disburse 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures.	······	67.10
(b) SUBTOTAL of Unitemized Independent Expenditure	es	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 06	24 2014
Signature		

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Schedule E)	II EXPEND	ITUNES	<u> </u>	PAGE 36 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C c	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Rachelle Doucet			M = M /	Distribution/Dissemination
Mailing Address 73 Catalpa Trace			06 Amount	22 2014
City	Ctoto	7in Codo		10.00
City Covington	State LA	Zip Code 70433	Transaction ID	: 94a1a690-36fd-4967-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disburs	sement or Obligation  22 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	32948.90	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee	-			Distribution/Dissemination
NAJIB MAHMUD			M M / 06	22 2014
Mailing Address 3432 RIVERROCK CT			Amount	
City	State	Zip Code		10.00
BATON ROUGE	LA	70820		: 0e832bd8-fcc6-46a1-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 06 /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	32948.90	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es			20.00
			7	7
(b) SUBTOTAL of Unitemized Independent Expendi	tures		<b>&gt;</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	06 / 24	2014
Signature				

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	filed on
Full Name of Payee	Date of Public Distribution/Dissemination
NAJIB MAHMUD	06 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3432 RIVERROCK CT	Amount
City State Zip Code	0.90
BATON ROUGE LA 70820	Transaction ID : f9fca622-f348-4b97-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	06 22 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calcinal Ical Ic Batc	Disbursement For: Primary General
F.II Name of Days	Other (specify)
Full Name of Payee Kristen Clapper	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 924 French Street	06
City State Zip Code	10.00
New Orleans LA 70124	Transaction ID : 66906cf8-6858-45a5-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	06 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
	Disbursement For:  Primary  General  2014  Gther (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	10.90
(b) SUBTOTAL of Unitemized Independent Expenditures	·
(c) TOTAL Independent Expenditures	<b>•</b>
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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ooneddie Ej	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Lily Green	06 22 / Y Y Y Y Y Y
Mailing Address 205 Medallion Circle An	nount
City State Zip Code	40.00
Shreveport LA 71119 Tra	ansaction ID: 8b32bebc-8e96-4411-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	06 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ught: House District:00
Ms Mary I Landrieu	esident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursen 2014	
Full Name of Payer	Other (specify)
Full Name of Payee Lily Green	ate of Public Distribution/Dissemination
Mailing Address 205 Medallion Circle An	06 22 2014 mount
City State Zip Code	11.40
	nsaction ID : 540da3e9-84b5-4ce0-b ate of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	06 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Mary L Landrieu Pre	esident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	51.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 06	24 2014
Signature	

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Schedule E)	DENT EXPEND	TIONES	PAGE 39 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New re	port Amends repo	rt filed on
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination
Mailing Address 110 W Pecan St			06 22 2014 Amount
City	State	Zip Code	40.00
Ville Platte	LA	70586	Transaction ID : 9bdee3e6-98cb-41a3-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	32948.90	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			06 22 7 2014
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	8.40
Ville Platte	LA	70586	Transaction ID: 5497c14d-1117-4ca6-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 22 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	,	32948.90	Disbursement For:  Primary  General
(a) CURTOTAL of Hamizad Indopendent Fund	anditure o		40.40
(a) SUBTOTAL of Itemized Independent Expe	enaltures		48.40
(b) SUBTOTAL of Unitemized Independent Ex	kpenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	06 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Sc	chedule E)	TOTILO	-	PAGE 40 OF 43 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			ENTIFICATION NUMBER ▼
W	/omen Speak Out PAC			000530766
Che	eck if 24-hour report X 48-hour report New report	ort Amends repor	t filed on	D = D / Y = Y = Y
	Full Name of Payee Jonathan Odette		M = M /	Distribution/Dissemination
	Mailing Address 9600 Earpsboro Chamblee Road		06 Amount	22 2014
1	City State 2	Zip Code		30.00
	•	27591		0 : db380cab-8fa3-4698-b sement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	06	22 / 2014
Ì	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Kay Hagan	Oppose	President X	NC NC
	Calendar Year-To-Date Per Election for Office Sought	29721.95	Disbursement For: [2014 Other (spe	Primary
	Full Name of Payee Jonathan Odette  Mailing Address 9600 Earpsboro Chamblee Road		06	Distribution/Dissemination  22  / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
			Amount	
	City State 2 Wendell NC	Zip Code 27591		9.60 : 44e4f548-367c-4443-8 sement or Obligation
ì	Purpose of Expenditure Mileage	Category/ Type 002	06 / Dispar	22 / 2014
Ì	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Kay Hagan	X Oppose	President X	
	Calendar Year-To-Date Per Election for Office Sought	29721.95	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures		<b>•</b>	39.60
(	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>	7
	(c) TOTAL Independent Expenditures		<b>•</b>	7 7
١	Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
		cally Filed] Date	06 / 24	2014
	Signature			

Schedule E)			PAGE 41 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee Andrew Shiver			Date of Public Distribution/Dissemination
Mailing Address 110 Earlston Ct			06 22 2014 Amount
011		7: 0 1	
City Knightdale	State NC	Zip Code 27545	30.00  Transaction ID : 8eb5e783-cc4b-49b5-a  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement of Obligation  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	29721.95	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee Cory Bryson	_		Date of Public Distribution/Dissemination
Mailing Address 216 Dogwood Ln			06 22 2014 Amount
City	State	Zip Code	50.00
Belmont	NC	28012	Transaction ID : 605c207e-b66a-47c4-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	29721.95	Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res		80.00
(b) SUBTOTAL of Unitemized Independent Expend	litures		·
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	06 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	I EXI END	ITORES		PAGE 42 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	/ D D / Y Y Y Y Y
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Cory Bryson			M 06	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 216 Dogwood Ln			Amount	
City	State	Zip Code		19.50
Belmont	NC	28012		ID: 4320488e-59e1-459b-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06	22 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	29721.95	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
The Lukens Company			06	21 2014
Mailing Address 2800 Shirlington Road			Amount	
9th Floor				
City	State	Zip Code		3990.00
Arlington  Purpose of Expenditure	VA	22206	Date of Disb	D: 5bf8d999-9331-457a-9 oursement or Obligation
Door Hangers		Category/ Type 004	M 06	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	32948.90	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	9S			4009.50
			-	7 -
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	06 / 24	2014
S.g.iataio				

Schedule E)	PAGE 43 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	n M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
The Lukens Company	06 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Amount
9th Floor	
City State Zip Code  Arlington VA 22206	3990.00 Transaction ID : f2b689b4-dbaa-47a9-8
	Date of Disbursement or Obligation
Purpose of Expenditure Door Hangers  Category/ Type 004	06 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	Sought: House District: 00
Mr. Mork I. Dryor	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	ement For: Primary
	Date of Public Distribution/Dissemination
The Lukens Company	06 21 2014
Mailing Address 2800 Shirlington Road	Amount
9th Floor	Amount
City State Zip Code	3990.00
7.1g.s.	ransaction ID : d6609efa-27b9-4873-b Date of Disbursement or Obligation
Purpose of Expenditure Door Hangers  Category/ Type  004	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office 9	Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburs 29721.95  Disburs 2014	sement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	7980.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	13960.24
Under penalty of perjury I certify that the independent expenditures reported herein were not madwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date  Signature	24 2014
o.g. isadio	